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| Client No. 2036 | Client Name OH MATERIALS | Location 1004 OSWEGO ST UTICA NY | Date 7/23/87 | | | | |
| Facility Equipment | Detox Clock | Weapon No. | Holster | Nightstick | Raincoat | Flashlight | Other TWO GATE KEYS - LOG BOOK - RADIO |
| Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports. | | Officer—Day Shift (Name) James F. Kelly | | Officer—Swing Shift (Name) BEN LAWRENCE | | Officer—Grave Shift (Name) Dick Kokoszki | |
| Shift | | Shift | | Shift | | Shift | |
| Began 8 AM | | Ended 4 PM | | Began 4 AM | | Ended 12 PM | |
| Observations or actions taken | | Yes | | No | | Explanation | |
| Rounds or stations missed | | | | <input checked="" type="checkbox"/> | | | |
| Unlocked doors, gates or windows | | | | <input checked="" type="checkbox"/> | | | |
| Unlocked vaults or safes | | | | <input checked="" type="checkbox"/> | | | |
| Fire-smoke or hazards | | | | <input checked="" type="checkbox"/> | | | |
| 1. Extinguishers missing or defective | | | | <input checked="" type="checkbox"/> | | | |
| 2. Sprinkler system defective | | | | <input checked="" type="checkbox"/> | | | |
| 3. Fire doors or exits blocked | | | | <input checked="" type="checkbox"/> | | | |
| 4. Rubbish accumulation | | | | <input checked="" type="checkbox"/> | | | |
| 5. Motors running | | | | <input checked="" type="checkbox"/> | | | |
| 6. Lights left burning | | | | <input checked="" type="checkbox"/> | | LIGHTS ON 2035 | |
| Injury hazards | | | | <input checked="" type="checkbox"/> | | | |
| Visitors | | | | <input checked="" type="checkbox"/> | | OHM & EPA PEOPLE ON SITE | |
| Trespassing | | | | <input checked="" type="checkbox"/> | | | |
| Violation of company rules | | | | <input checked="" type="checkbox"/> | | | |
| Remarks (0950 Capt. Miller on site) (1150 Capt. Miller on site) (1155 Capt. Miller out) (1140 Fiddlow in) (1200 Fiddlow left) (1500 Mammie Fed. Exp. in) (1503 Exp. Fed. out) 1800 CAPT MILLER ON SITE 1805 CAPT MILLER LEFT SITE. GATE LOCKED AT 1815 | | | | | | | |
| IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post. | | | | | | | |
| 1. Were you injured during this tour? | | Day Shift 1. Yes No 2. Yes No 3. Yes No | | Swing Shift 1. Yes No 2. Yes No 3. Yes No | | Grave Shift 1. Yes No 2. Yes No 3. Yes No | |
| 2. Did you suffer any illness? | | Yes No Yes No Yes No | | Yes No Yes No Yes No | | Yes No Yes No Yes No | |
| 3. Have you reported all accidents coming to your attention? | | Yes No Yes No Yes No | | Yes No Yes No Yes No | | Yes No Yes No Yes No | |
| Signatures | | Day Shift 1. James F. Kelly | | Swing Shift 1. Ben Lawrence | | Grave Shift 1. Dick Kokoszki | |
| Signatures | | 2. | | 2. | | 2. | |
| Signatures | | 3. | | 3. | | 3. | |

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